## LIIOOOO 90466

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					





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2012 AUG -8 AM 84 52 SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 9 2012

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	JECT:Na	· · · · · · · · · · · · · · · · · · ·	ION SALUDABLE ed Liability Company	
Δ				
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Regis	tered Office	Change and fee(s) are su	abmitted for filing.
Pleas	e return all correspondence conc	erning this r	natter to the following:	
			ŧ	
	MAGDALENA LEGGE D Name of Person	<u> PATINO</u>	<u> </u>	
	Author Forson			
	NUTRICION SALUE	ABLE		2012 AUG -8 SECRETARY TALLAHASSI
	Firm/Company			<b>E S</b>
	2100 PLEASANT HILL R	D LOT#	162 MP.	111-0
	KISSIMMEE FL. 3			AM 8:52 OF STATE E, FLORIDA
	City/State and Zip Code			
F	JULIMAG14@YAHO	O.COM	tion)	
For fi	urther information concerning th	is matter, pl	ease call:	
M	AGDALENA LEGGE DE PAT	INO at (		361-3997
	Name of Person		Area Code & Daytim	e Telephone Number
	STREET/COURIER ADDRES	SS:	MAILING ADDRES	SS:
	Registration Section Division of Corporations		Registration Section Division of Corporati	ions
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 3	32314
	Enclosed is a check for the f	ollowing an	iount:	
	\$25 Filing Fee		\$55 Filing Fee & 0	Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

·			
Name of the limited liability company:	NUTRICION SALUDABLE		
2. (a) Principal office address of limited liability compa	any: 2100 PLEASANT HILL RD LOT		
(Note: MUST BE STREET ADDRESS)	KISSIMMEE FLORIDA 34746		
(b) Mailing address of limited liability company:	2100 PLEASANT HILL RD LOT		
(Note: MAY BE POST OFFICE BOX)	KISSIMMEE FLORIDA 34746		
08/06/2011	L11000090466		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:		
Registered Agent:	LEGGE DE PATINO, MAGDALENA		
Registered Office Address:	2100 PLEASANT HILL RD LOT # 105 KISSIMMEE FLORIDA 34746		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	LEGGE DE PATINO, MAGDALENA  2100 PLEASANT HILL RD LOT # 62 M		
(MŪST BE FLORIDA STREET ADDRESS)	KISSIMMEE ,FL 34746		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  MAGDALENA LEGGE DE PATINO  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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